

APPLICATION

PERCOLATION TESTING

A 58096

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

PREVIOUS OK -
PROPOSED RECONFIGURATION
OF MULTIPLE PARCEL FARM
TREAT AS SUBDIVISION;
POST-TEST REVIEW SHOULD
INCLUDE CONSIDERATION
OF PREVIOUS (1976?)
TEST HISTORY ON THIS FARM (CW)

P _____

DISTRICT _____

DATE _____

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER D. Stern

ADDRESS West Waterville PHONE _____

AGENT OR PROSPECTIVE BUYER C. Sharp

ADDRESS 3779 Sharp Rd Glenwood PHONE 410 4894630
21738

PROPERTY LOCATION:

SUBDIVISION STIRN LOT NO. _____

ROAD AND DESCRIPTION Old Frederick Rd.

TAX MAP 2 PARCEL # 180 (AB parcel)

SIZE OF LOT 1.21 To 3 acs TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Charles Sharp
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

58096

COUNTY #

SOIL PROFILE

0' (27)
 1' topsoil
 red brn
 cl 1m
 2.5'
 pale
 org brn
 si sa 1m
 10'
 30%
 Rx

SOIL PROFILE

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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-5-97	27	10.0'D	Visual	-OK			
	28	8.0'D	>50%	Rx @	5.0'	—	F
	29	10.5'D	Visual	-OK			

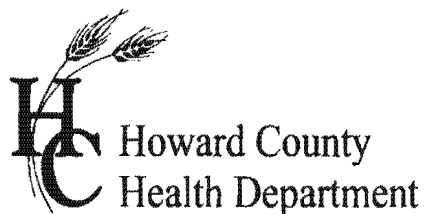
REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT C. Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☐ CONSTRUCT NEW SEPTIC SYSTEM(S)
- ☐ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- ☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- ☐ NEW STRUCTURE(S)
- ☐ ADDITION TO AN EXISTING STRUCTURE
- ☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- ☐ CREATE NEW LOT(S)
- ☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
- ☐ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
- ☐ NO

THE TYPE OF STRUCTURE IS:

- ☐ RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- ☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- ☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

SIGNATURE OF APPLICANT _____

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____
0-1" Topsoil

Top soil

Heavy Cr-Br
SiCl₄ Lm +
platy structure
LCl than Si
Dense

light br.
Heavy Si Lm
Tightly Compacted.
rock very
shale 35%
15% CR

A hand-drawn diagram of a rectangular structure, possibly representing a building or a container. A vertical line extends downwards from the center of the bottom edge of the rectangle. At the end of this line is a circle containing the letter 'A'. To the left of the rectangle, the word "red." is written vertically.

[illegible]

REMARKS Tested @ 8' v. fast, O.K. 4x85.

SANITARIAN KW / RB BACKHOE Woody OTHERS _____

TEST HOLES USED IN SDA 1 AVG. PERC TIME 30 SQ. FT/BR 300

TRENCH WIDTH 2 INLET DEPTH 4 MAX. BOT DEPTH 6 EFFECTIVE SW 2' of SW

12/14/06 To analyze 1st trench @ Home of Insp. to verify soil. (TKD)

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DATE _____

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER D. Storn

ADDRESS West Waverly PHONE _____

AGENT OR PROSPECTIVE BUYER C. Shamp

ADDRESS 3779 Shamp Rd Glenwood PHONE 410 4894630
21738

PROPERTY LOCATION:

SUBDIVISION STIRN LOT NO. _____

ROAD AND DESCRIPTION Old Frederick Rd.

TAX MAP 2 PARCEL # 180 Abandoned

SIZE OF LOT 1.21 To 3 acs TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
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COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Charles W. Shamp
(SIGNATURE OF APPLICANT)

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THIS IS NOT A PERMIT

580916

COUNTY #

SOIL PROFILE

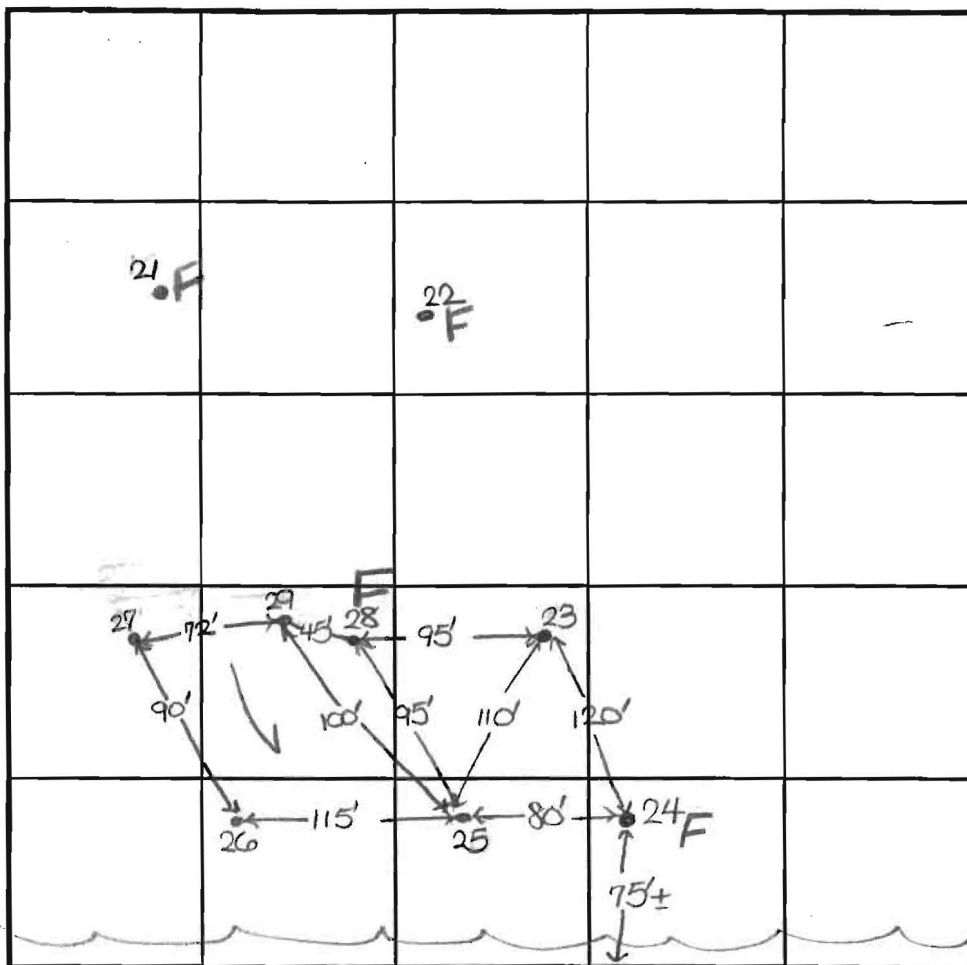
(23)/25

0' topsoil
1' red org
brn
cl lm
3' pale org
brn
to tan
si sa lm
25%
Rx

0' (26)
1' topsoil
2.5' red brn
cl lm
pale org
brn
to beige
si sa lm
20%
Rx

Rx patch

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

West Watersville Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-5-97	21	7.5' D	>50%	Rx @	5'	—	F
	22	9.5' D	>50%	Rx @	6'	—	F
	23	2'8" S	1:08	1:32	1:32	1:56	24
		9.5' D					
	24	9.0' D	>50%	Rx @	6.5'	—	F
	25	3.5' S	1:44	1:52	1:52	2:02	10
		10.5' D	Visual	-OK			
	26	2'8" S	1:21	1:26 ₃	1:26 ₃	1:37 ₃	11
		10.0' D	Visual	-OK			

REMARKS

test area moderately wooded

TYPE OF SOIL

TESTED BY

D. Soc

ALSO PRESENT

C. Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

15

TRENCH WIDTH

3

INLET DEPTH

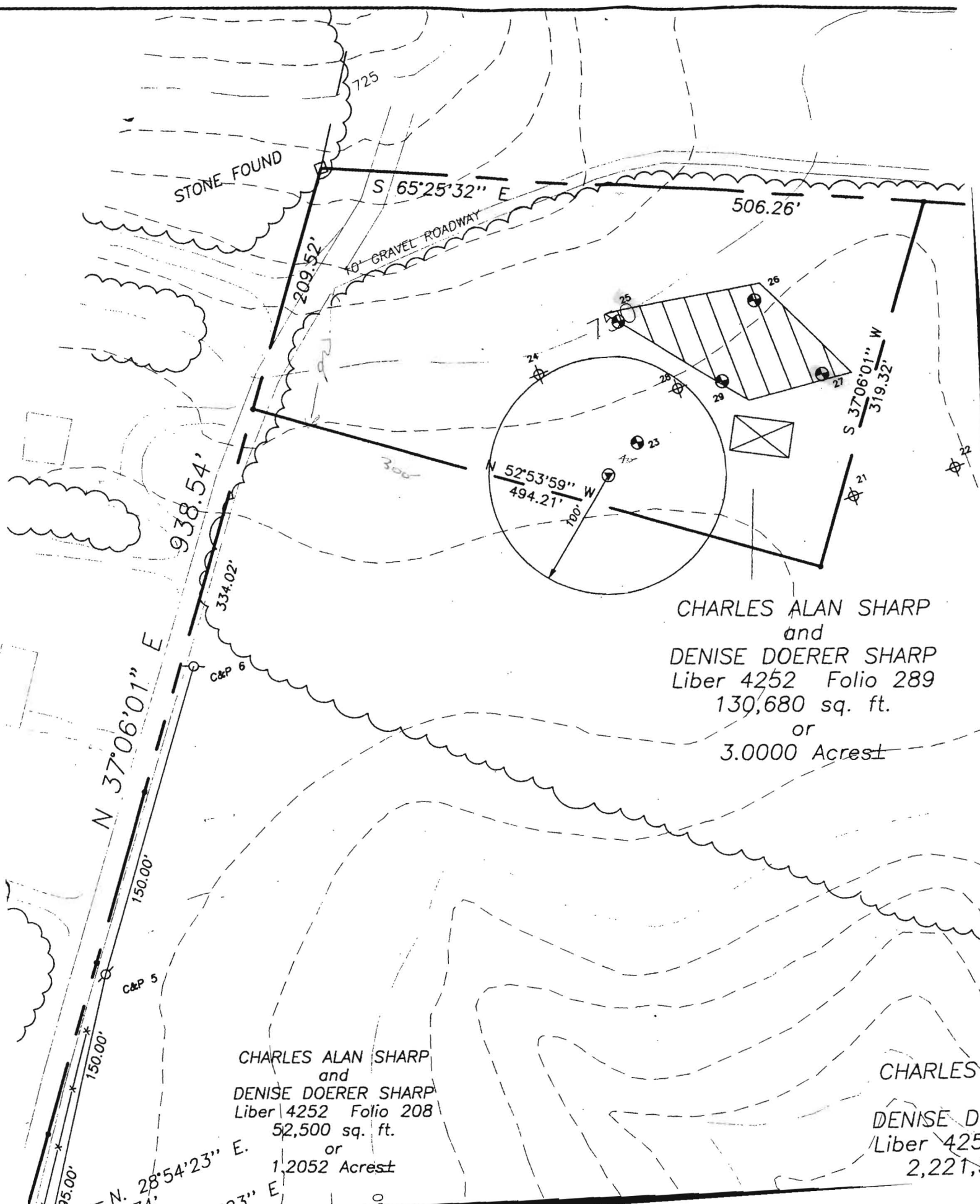
2.0

MAXIMUM BOTTOM DEPTH

4.0

SQ. FT/BEDROOM

240



CHARLES ALAN SHARP
and
DENISE DOERER SHARP
Liber 4252 Folio 289
130,680 sq. ft.
or
3.0000 Acres±

CHARLES ALAN SHARP
and
DENISE DOERER SHARP
Liber 4252 Folio 208
52,500 sq. ft.
or
1.2052 Acres±

CHARLES
DENISE DO
Liber 4252
2,221,5